

**DIGITAL VISUAL LIBRARY IMAGE INFORMATION**

For use of this form, see ER 25-1-91; the proponent agency is CEIM-IV

LAB USE ONLY

NOTE: THE INFORMATION SUPPLIED ABOUT EACH IMAGE LISTED BELOW WILL BE ENTERED INTO AN IMAGE DATABASE PROGRAM. THIS INFORMATION WILL PROVIDE THE END USER OF THESE IMAGES WITH THE BASIC DETAILS ABOUT THE IMAGES. PLEASE PROVIDE INDIVIDUAL FORMS FOR EACH PHOTO SUBMITTED.

**IMAGE DESCRIPTION**

1. SUBJECT TITLE/EVENT/PROJECT NAME		2. MAJOR CATEGORY/MISSION AREA(S) <input type="checkbox"/> CIVIL CONSTRUCTION <input type="checkbox"/> FISH AND WILDLIFE <input type="checkbox"/> FLOOD CONTROL <input type="checkbox"/> NAVIGATION <input type="checkbox"/> HYDROPOWER <input type="checkbox"/> SAFETY <input type="checkbox"/> RECREATION <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> EMERGENCY RESPONSE <input type="checkbox"/> HISTORY <input type="checkbox"/> RESEARCH AND DEVELOPMENT <input type="checkbox"/> PEOPLE <input type="checkbox"/> MILITARY CONSTRUCTION <input type="checkbox"/> HAZARDOUS/TOXIC WASTE <input type="checkbox"/> MILITARY HOUSING <input type="checkbox"/> INSTALLATIONS <input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> OTHER _____
3. PHOTO, VIDEO OR GRAPHIC CAPTION/GENERAL INFORMATION		
4. LOCATION WHERE PHOTO, VIDEO TAKEN OR GRAPHIC CREATED <i>(Include state, territory, country)</i>	5a. PHOTOGRAPHER/GRAPHIC DESIGNER NAME <i>(if known)</i>	
	5b. LAST 4 DIGITS OF SSN	
6. ORIGINAL PHOTO, VIDEO STORAGE LOCATION OFFICE SYMBOL	7. DATE OF PHOTOGRAPH <i>(if known)</i> (YYYYMMDD)	8. LOCAL FILE REFERENCE <i>(Image/ File number)</i>

9. SUBJECT/KEYWORD FOR GLOBAL SEARCHES *(Check all that apply)*

<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> CHANNEL	<input type="checkbox"/> ENDANGERED SPECIES	<input type="checkbox"/> HURRICANES	<input type="checkbox"/> ORDNANCE MUNITION	<input type="checkbox"/> TRAIL
<input type="checkbox"/> ARMY	<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> EROSION	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> PARK	<input type="checkbox"/> VISITOR
<input type="checkbox"/> BARGE	<input type="checkbox"/> CIVILIAN (People)	<input type="checkbox"/> FISH	<input type="checkbox"/> JETTY	<input type="checkbox"/> POWERHOUSE	<input type="checkbox"/> VISITOR CENTER
<input type="checkbox"/> BARRACKS	<input type="checkbox"/> DAM	<input type="checkbox"/> FISHING	<input type="checkbox"/> LAKE/RESERVOIR	<input type="checkbox"/> RANGER	<input type="checkbox"/> WATER QUALITY
<input type="checkbox"/> BEACH	<input type="checkbox"/> DIKE	<input type="checkbox"/> FLOODING	<input type="checkbox"/> LEVEE	<input type="checkbox"/> RIVER	<input type="checkbox"/> WATER SPORTS
<input type="checkbox"/> BOAT/BOATING	<input type="checkbox"/> DOCK	<input type="checkbox"/> HARBOR	<input type="checkbox"/> LIGHTHOUSE	<input type="checkbox"/> SCENIC	<input type="checkbox"/> WETLAND
<input type="checkbox"/> CAMPING	<input type="checkbox"/> DREDGING	<input type="checkbox"/> HIKING	<input type="checkbox"/> LOCK	<input type="checkbox"/> SHIP	<input type="checkbox"/> WILDLIFE
<input type="checkbox"/> CANAL	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> HISTORICAL	<input type="checkbox"/> MILITARY (People)	<input type="checkbox"/> STREAM	OTHER
<input type="checkbox"/> CEREMONY	<input type="checkbox"/> EMERGENCY OPERATIONS	<input type="checkbox"/> HOUSING	<input type="checkbox"/> MODEL	<input type="checkbox"/> SURVEY BOAT	<input type="checkbox"/> _____

10. SUBMISSION <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE <i>(Previous Number)</i>	11. REMARKS
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**INFORMATION SUBMITTED BY**

12. CONTACT NAME <i>(Person completing this form)</i>	13. OFFICE SYMBOL	14. PHONE NUMBER	15. DATE (YYYYMMDD)
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16. FILE NUMBER	17. DISK NUMBER	18. DATE (YYYYMMDD)
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